

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597,641

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | / | | | |
| 2 | / | | / | | | |
| 3 | / | | / | | | |
| 4 | 3 | | | | | |
| 5 | 3 | | | | | |
| 6 | 3 | | | | | |
| 7 | 3 | | 1 | | | |
| 8 | 0 | | 1 | | | |
| 9 | 0 | | 1 | | | |
| 10 | 0 | | 1 | | | |
| 11 | 0 | | 1 | | | |
| 12 | 0 | | 1 | | | |
| 13 | 0 | | 1 | | | |
| 14 | 0 | | 1 | | | |
| 15 | 0 | | 1 | | | |
| 16 | 0 | | 1 | | | |
| 17 | 0 | | 1 | | | |
| 18 | 0 | | 1 | | | |
| 19 | 1 | | 1 | | | |
| 20 | 1 | | 1 | | | |
| 21 | 1 | | 1 | | | |
| 22 | 3 | | 1 | | | |
| 23 | 1 | | | | | |
| 24 | 0 | | 1 | | | |
| 25 | 1 | | 1 | | | |
| 26 | 1 | | 1 | | | |
| 27 | 1 | | 1 | | | |
| 28 | 1 | | 1 | | | |
| 29 | 1 | | 1 | | | |
| 30 | 1 | | 1 | | | |
| 31 | 1 | | 1 | | | |
| 32 | 1 | | 1 | | | |
| 33 | 1 | | 1 | | | |
| 34 | 0 | | 1 | | | |
| 35 | 0 | | | | | |
| 36 | 0 | | | | | |
| 37 | 0 | | | | | |
| 38 | 0 | | 1 | | | |
| 39 | 0 | | 1 | | | |
| 40 | 1 | | 1 | | | |
| 41 | 1 | | 1 | | | |
| 42 | 1 | | | | | |
| 43 | 0 | | | | | |
| 44 | 0 | | | | | |
| 45 | 0 | | | | | |
| 46 | 0 | | | | | |
| 47 | 0 | | | | | |
| 48 | 0 | | | | | |
| 49 | 0 | | | | | |
| 50 | 0 | | | | | |
| TOTAL IND. | | | ↓ | | ↓ | ↓ |
| TOTAL DEP. | | ← | | ← | ← | |
| TOTAL CLAIMS | | ████ | | ████ | | ████ |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | 0 | | | | |
| 52 | | 0 | | | | |
| 53 | 1 | | 1 | | | |
| 54 | 1 | | 1 | | | |
| 55 | 1 | | 1 | | | |
| 56 | 1 | | 1 | | | |
| 57 | 1 | | 1 | | | |
| 58 | 1 | | 1 | | | |
| 59 | 0 | 0 | 1 | | | |
| 60 | 0 | 0 | 1 | | | |
| 61 | 0 | 0 | 1 | | | |
| 62 | 0 | 0 | 1 | | | |
| 63 | 0 | 0 | 1 | | | |
| 64 | 0 | 0 | 1 | | | |
| 65 | 0 | 0 | 1 | | | |
| 66 | | | | | | |
| 67 | 1 | | 1 | | | |
| 68 | 1 | | | | | |
| 69 | 1 | | | | | |
| 70 | 1 | | | | | |
| 71 | 1 | | | | | |
| 72 | 1 | | | | | |
| 73 | 1 | | | | | |
| 74 | 1 | | | | | |
| 75 | 1 | | | | | |
| 76 | 1 | | | | | |
| 77 | 1 | | | | | |
| 78 | 1 | | | | | |
| 79 | 1 | | | | | |
| 80 | 1 | | | | | |
| 81 | 1 | | | | | |
| 82 | 1 | | | | | |
| 83 | 1 | | | | | |
| 84 | 1 | | | | | |
| 85 | 1 | | | | | |
| 86 | 1 | | | | | |
| 87 | 1 | | | | | |
| 88 | 1 | | | | | |
| 89 | 1 | | | | | |
| 90 | 1 | | | | | |
| 91 | 1 | | | | | |
| 92 | 1 | | | | | |
| 93 | 1 | | | | | |
| 94 | 1 | | | | | |
| 95 | 1 | | | | | |
| 96 | 1 | | | | | |
| 97 | 1 | | | | | |
| 98 | 1 | | | | | |
| 99 | 1 | | | | | |
| 100 | 1 | | 1 | | | |
| TOTAL IND. | | | ↓ | | ↓ | ↓ |
| TOTAL DEP. | | ← | | ← | ← | |
| TOTAL CLAIMS | | ████ | | ████ | | ████ |

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| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 101 | 1 | | | | | |
| 102 | 1 | | | | | |
| 103 | 1 | | | | | |
| 104 | 1 | | | | | |
| 105 | 1 | | | | | |
| 106 | 1 | | | | | |
| 107 | 1 | | | | | |
| 108 | 1 | | | | | |
| 109 | 1 | | | | | |
| 110 | 1 | | | | | |
| 111 | 1 | | | | | |
| 112 | 1 | | | | | |
| 113 | 1 | | | | | |
| 114 | 1 | | | | | |
| 115 | 1 | | | | | |
| 116 | 1 | | | | | |
| 117 | 1 | | | | | |
| 118 | 1 | | | | | |
| 119 | 1 | | | | | |
| 120 | 1 | | | | | |
| 121 | 1 | | | | | |
| 122 | | | | | | |
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| 150 | | | | | | |
| TOTAL IND. | 59 | ↓ | 5 | ↓ | | ↓ |
| TOTAL DEP. | 70 | ← | 39 | ← | | ← |
| TOTAL CLAIMS | 132 | | 44 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | ↓ | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |